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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/440,384	11/15/1999	HOWARD A. KINGSFORD	05918-153001	2883
26161 FISH & RICHA	7590 05/09/200 ARDSON PC	EXAMINER		
P.O. BOX 1022	2		PATTERSON, MARC A	
MINNEAPOLIS, MN 55440-102			ART UNIT	PAPER NUMBER
			1794	
			MAIL DATE	DELIVERY MODE
			05/09/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.



UNITED STATES PATENT AND TRADEMARK OFFICE.

Board of Patent Appeals and Interferences

FISH & RICHARDSON, PC

P.O. BOX 1022

MINNEAPOLIS, MN 55440-1022

Appeal No: 2007-1847

Appellant: HOWARD A. KINGSFORD

Application No: 09/440,384

Hearing Room: A Hearing Docket: B

Hearing Date: Tuesday, June 17, 2008

Hearing Time: 09:00 AM

Location: Madison Building - East Wing 600 Dulany Street, 9th Floor

Alexandria, Virginia 22313-1450

NOTICE OF HEARING CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquires, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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ALEXANDRIA, VIRGINIA 22313-1450

In all communications relating to this appear	l, please identify the	e appeal by its number.
CHECK ONE: () HEARING ATTENDANCE CO	NFIRMED () HE	ARING ATTENDANCE WAIVED
Signature of Attorney/Agent/Appellant	Date	Registration No.
Names of other visitors expected to accomp		NTO AL L' G